



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
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Work Programs Section

BWSP OPERATIONS MEMO

No.: 00-70

File: 2480.5

Date: 10/10/2000

Non W-2 [] W-2 [X] CC []

PRIORITY: HIGH

SUBJECT: COMMUNITY REINVESTMENT (CR)

CROSS REFERENCE: BWSP Operations Memo 00-60

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides a corrected and updated Community Reinvestment (CR) quarterly report form.

CR REPORTING

Operations Memo provided a quarterly reporting form. Instructions in the Memo were to submit the quarterly report "within 25 work days of the month following the quarter." The form itself required it to be submitted "within 10 days of the end of the quarter". The proper instruction is to submit the quarterly report by the 25th of the month immediately following the end of the quarter. This revised form is consistent with that instruction. This cycle should be consistent with the submission of CARS data.

Other minor changes have been made to correct some of the agency names.

COMPLETING THE REPORT

When completing the report, please enter "none" when there are no participants in a CR Plan Activity for the quarter.

REPORT TIMELINE

Reports for quarters prior to October, 2000, are due by December 31, 2000.

- If you had no approved CR plan for any of those quarters, enter “No plan” on the face of the report.
- Please submit reports for those earlier quarters for your agency at one time; do not send them as they are completed.

The report for the October – December, 2000, quarter is due by 01/25/2001.

CONTACTS

For assistance, contact your Regional Office Area Administrator.

COMMUNITY REINVESTMENT QUARTERLY REPORT

Quarter: 1 2 3 4 Year
 (Jan- Mar) (Apr -Jun) (Jul-Sep) (Oct-Dec)

W -2 Contract Agency # _____

[illegible]

Comments :

[illegible]

Contact Information :

A. W-2 Contract Agency Contact Person

Signature : _____

Name (Please Print): _____

Area Code / Phone #: () _____

Email Address: _____

B. Regional Office Contact Person

Signature: _____

Name (Please Print): _____

Area Code / Phone #: () _____

INSTRUCTIONS

COMMUNITY REINVESTMENT QUARTERLY REPORTING


PURPOSE

This report must be completed each quarter in which there were Community Reinvestment expenditures other than as a W-2 supplement. The purpose of the report is to record the number of participants served in activities described in your Community Reinvestment Plan and match them to the fiscal service category you used to report the expenditures.

INSTRUCTIONS

ITEM

ENTRY

Quarter	Mark the report quarter
Year	Enter the 4 digit calendar year (for the report quarter)
W-2 Contract Agency #	Enter your contract agency number (see attached list)
CR Plan Activity	Describe the activity as identified in your Community Reinvestment plan. <u>Limit</u> entry to 35 positions, including spaces
<u>G</u> roup or <u>I</u> ndividual	Enter G if it was a group activity Enter I if it was an individual activity (See definition of group and individual activities.)
Fiscal Reporting Category	Enter the profile for the fiscal service category you used to charge this activity: <div style="margin-left: 40px;"> 4002 CR Work Activities 4003 CR Education 4004 CR Family Preservation and Parenting Training 4005 CR Post Employment Services 4006 (not a valid code) 4007 CR Human Services AODA 4008 CR Human Services Domestic Abuse 4009 CR Human Services Child Abuse 4010 CR Youth Services 4011 CR Housing 4012 CR Child Care 4013 CR Loan Program 4014 CR Grant Program 4015 CR Transportation 4016 CR Other Assistance Payment (Use <u>only</u> when the TANF clock ticks) 4017 CR Individual Development Account (IDA) </div>
Served By TANF Count	Enter the number of TANF participants served by the activity. (Note: if the activity occurred more than once during the quarter only count each participant once.)
Total Served Count	Enter the total number of families served by the activity. (Note if the activity occurred more than once during the quarter, only count each family once.)
Ticked Clock Count	Enter the number of families for whom the TANF clock ticked as a result of an activity (see definition of "assistance"). If there were none, enter a zero.
	<u>Note:</u> Based on reviewed agency plans, there should be very few instances when this happens. If it does, additional information and actions will be required: W-2 Community Reinvestment Manual Data Report should be completed and attached.

Use this only with Fiscal Reporting Category 4016.

Comment Use the comments portion to provide additional information.

Contact Information W-2 Contract Agency and Regional Office staff should provide the contact information requested in the event any questions arise with report entries.

SUBMITTAL

Submit each quarterly report to the W-2 Contract Manager by the 25th of the month immediately following the end of the quarter. The W-2 Contract Manager will review each report and request clarification or corrections if there are any problems with the reports.

SUMMARY INFORMATION

Data from the quarterly reports will be keyed and summarized. Reports will be created and made available to local agencies.

QUESTIONS

Submit questions to your W-2 Contract Manager.

W-2 Contract Agency #

#	Agency
01	ADAMS W-2
02	ASHLAND W-2
03	BARRON W-2
04	BAYFIELD W-2
05	BROWN W-2
06	BUFFALO W-2
07	BURNETT W-2
08	CALUMET W-2
09	CHIPPEWA W-2
10	CLARK W-2
11	COLUMBIA W-2
12	CRAWFORD W-2
13	DANE W-2
14	DODGE W-2
15	DOOR W-2
16	DOUGLAS W-2
17	DUNN W-2
18	EAU CLAIRE W-2
19	FORWARD SERVICE (Florence)
20	FOND DU LAC W-2
24	GREEN LAKE W-2
26	IRON W-2
27	JACKSON W-2
28	JEFFERSON W-2

#	Agency
29	WORKFORCE CONNECTIONS, INC. (Juneau)
30	KENOSHA W-2
31	FORWARD SERVICE (Kewaunee)
32	LA CROSSE W-2
34	LANGLADE W-2
35	LINCOLN W-2
36	MANITOWOC W-2
37	MARATHON W-2
38	MARINETTE W-2
39	MARQUETTE W-2
41	WORKFORCE CONNECTIONS, INC. (Monroe)
42	OCONTO W-2
44	OUTAGAMIE W-2
45	OZAUKEE W-2
46	PEPIN W-2
47	PIERCE W-2
48	POLK W-2
49	PORTAGE W-2
50	PRICE W-2
51	RACINE W-2
53	ROCK W-2
54	RUSK W-2
55	ST. CROIX W-2
56	SAUK W-2

#	Agency
57	SAWYER W-2
58	SHAWANO W-2
59	SHEBOYGAN W-2
60	TAYLOR W-2
61	TREMPEALEAU W-2
62	VERNON W-2
64	KAISER GROUP (Walworth)
65	WASHBURN W-2
66	WASHINGTON W-2
67	CURTIS & ASSO. (Waukesha)
68	WAUPACA W-2
69	WAUSHARA W-2
70	WINNEBAGO W-2
71	WOOD W-2
72	MENOMINEE W-2
75	MILWAUKEE YW-WORKS
76	MILWAUKEE UMOs
77	MILWAUKEE OIC-GM
78	MILWAUKEE MAXIMUS
80	MILWAUKEE EMPLOYMENT SOLUTIONS
81	FORWARD SERVICE (FOV)
82	W-2 SOUTHWEST CONS
89	BAD RIVER W-2
92	ONEIDA TRIBE W-2